**Stampede 2022**

Student First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Gender (please circle): M/F Student Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Grade Fall 2022: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have food/drug allergies or any chronic illness we should know about? If yes, please list/explain:

Is your student on any medication we should be aware of? If so, what are they for and what is the frequency of use?

**Did a friend invite you (Circle one)? Y / N**

**If yes, what is their full name? ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like to add a t-shirt (Circle one)? Y / N**

T-Shirt is $20 pre-registration discount, $25 week of Stampede

**If yes, what size?**

* **Small**
* **Medium**
* **Large**
* **X-large**

**The cost of Stampede must be paid at the same time the registration form is turned in.**

**$20 in March-April, $30 in May-June, $40 in July-August**

REGISTRATION MUST BE SIGNED BY AN ADULT BEFORE IT WILL BE ACCEPTED-see back.

**DOXOLOGY LIABILITY FORM Photo Release/Medical Release:**

**I, the undersigned parent/guardian of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Minor”) I am signing up, grant permission to Doxology Bible Church (the “Church”) to use his/her likeness, voice or performance as it sees fit. The Church may use their likeness on its internet website, CD, DVD, film clips or other official Church publications and exhibition purposes or media, in perpetuity, throughout the world. I represent that I have the authority to enter into this agreement (“Agreement”) and that the rights to use the Minor’s likeness will not conflict with or violate any commitment I have with any other person or entity. I understand that once the Minor’s image appears on the Church’s website, anyone can download the image. I expressly release the Church, its officers, directors, employees, volunteers, and agents from any claims arising out of the Minor’s likeness or performance on the Church’s website. I agree to indemnify and hold harmless the Church, its officers, directors, employees, volunteers, and agents against all claims, losses, expenses, and liabilities of every kind including reasonable attorney’s fees arising out of any breach of any provision of this Agreement. In consideration for the Church’s use of the Minor’s likeness, I do not require or expect any compensation. I consider the Church’s use of the Minor’s likeness to be part of our support of the Church. This agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing. I permit my child to participate in Stampede and waive and release Doxology Bible Church and its staff from all liability for injury or illness that occurs because of such participation. Stampede activities and potential risks are described in Exhibit A. I authorize a representative of Doxology Bible Church to request, any licensed Doctor of Medicine to administer any medical treatment deems necessary or advisable for the medical care of my child if my spouse or I cannot be located. I also authorize such doctor to retain the services of medical specialists which such doctor deems necessary for the medical care of my child. I agree to be responsible for all charges in the treatment of my child, including but not limited to, ambulance fees, doctor fees, medicines, and hospital charges. I also agree to hold Doxology Bible Church and its representatives harmless in exercising the authorizations given. By signing below, I indicate that I have carefully read this release, know and understand the contents. I also acknowledge that the information I have provided is true and complete. Planned Activity Risks: Include personal injury, sickness from food, property damage, or wrongful death, and the unknown dangers and hazards that may arise in my child’s participation in Stampede.**

**\*\*PARENT/GUARDIAN PLEASE SIGN YOUR NAME BELOW \*\***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you,

Doxology Bible Church

For additional STAMPEDE information, please visit the website at https://www.doxology.church/stampede

Return completed form and payment to Youth Ministry Staff

**Student Ministry Scholarship Application**

A limited number of full and partial scholarships are available for students who are actively involved in the student ministry of Doxology Bible Church. Financial assistance is given on a first come basis, based on need. Scholarships are only given to students who complete the application and the paper registration of the event. Someone from the Doxology Youth Staff will contact you when a decision is made.

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date:\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

Student Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Small Group Leader(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Event Cost: $\_\_\_\_\_\_\_\_\_\_

Amount you can pay toward event: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you regularly attend Doxology Church **Y N**  Are you active in the Bridge? **Y N**

Specify any other ministries in which you participate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: *Please explain why you need this scholarship and what you hope to gain from the experience.*

I certify that I am in need of financial assistance to attend this activity.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE FILLED OUT BY PARENT:**

I understand that all forms and partial payments must be turned in at least ONE WEEK PRIOR to an event in order to reserve this scholarship space. Spaces will be released to students on the waiting list after that time.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This application must accompany a registration form and be submitted together***